



Your Guide to 2004 Temporary Reserve & Guard Benefits



TRICARE Coverage for Members of the Ready Reserve and Their Families — Section 702

- *Not implemented yet.* TRICARE policy, data, and contract changes still in development.
- *Introduces premium-based TRICARE coverage for persons not eligible for employer-provided coverage, or who are eligible unemployment compensation recipients.*
- *Coverage will be effective when member enrolls and pays premium. Implementation timeline based on time needed to modify contracts/systems and establish rules and procedures.*
- *This ends on Dec. 31, 2004.*



Expansion of Time Period Reservist is Considered to be on Active Duty for Purpose of TRICARE Eligibility — Section 703

- *Not implemented yet.* TRICARE policy, data, and contract changes still in development.
- *A Reserve Component member who is issued a delayed-effective-date active duty order will be considered on active duty for more than 30 days beginning on the date of issuance of the order or 90 days before the date that active duty period begins (whichever is later).*
- *Reserve Component and family members are eligible.*
- *This ends on Dec. 31, 2004.*



Reserve Member Eligibility for Transitional Assistance Medical Program (TAMP) — Section 704

- *Transitional health care available for 180 days beginning on date RC member is separated from active duty*
- *Only applies to separations from active duty that take effect on or after Nov. 6, 2003, and on or before Dec. 31, 2004.*
- *This ends on Dec. 31, 2004. On January 1, 2005, the period for which a member is provided transitional health care will revert to 60 or 120 days (60 days for less than six years of Active Duty; 120 days for six years or more service)*
- *The only change to TAMP is the temporary extension of the eligibility period.*

Confused by the new Reserve Component (RC) member temporary benefits? Here is a guide to help you sort through the changes. Updates on rules and guidelines for the three RC temporary programs (see left column) will be posted at www.tricare.osd.mil as TRICARE policy and contract modifications are worked out.

WHO: Members of the Reserves and National Guard and their families are affected by these provisions.

WHAT: Three new provisions that change health care services for Reserve Component members and their families.

WHEN: Nov. 6, 2003, through Dec. 31, 2004.

WHERE: All U.S. Reserve Component members

WHY: These Congressionally-mandated provisions are part of the 2004 National Defense Authorization Act (NDAA).

QUESTIONS & ANSWERS (more on page 6)

Q: What do Reserve Component members need to do?



A: Members of the Reserve Component need to save receipts, Explanations of Benefits (EOB) and other claim-related information for health care services that they and/or their family members obtain from Nov. 6, 2003 onward. This information is necessary in order to obtain retroactive reimbursement for the temporary provisions.



Q: Can RC members file claims retroactively back to Nov. 6, 2003 for all three programs?



A: RC members can file claims retroactively for the TAMP and 30-day programs. However, Ready Reserve members cannot file claims retroactively for the Ready Reserve program.

Q: Are all of the programs now implemented?



A: Only the temporary TAMP program has been implemented to date. As of March 17, 2004, eligible sponsors and family members who were saving their receipts may apply for TRICARE reimbursement.

Expect Smoother Roll-Out of IM/IT Systems This Summer

Col James Rundell

Executive Director

There are a number of new information management/information technology (IM/IT) systems being introduced in 2004. Though new information systems are continually introduced, there are a larger than usual number being implemented this calendar year. The reason for this increased number is partially related to the new generation of TRICARE contracts in CONUS and the need for new technological infrastructures to support processes related to those new contracts.

Since these new IM/IT systems are being implemented across the entire Military Health System, OCONUS MTFs will see these new systems, even though overseas is not involved directly with the new generation of CONUS contracts.

The first of these new systems was launched on Dec. 28, 2003, and is actually only one part of one of the new systems. The Enterprise-Wide Referral and Authorization System (EWRAS)'s Care Authorization Function is an electronic means to alert the payer of overseas host nation health care claims that the host nation care has indeed been authorized by the MTF.

Unfortunately, there were considerable problems with this system. It had to be implemented by TMA without the benefit of extensive beta-testing and comprehensive training, due to the timeline required. MTFs experienced connectivity problems and problems related to the lack of familiarity with this new system. A backlog resulted in numbers of downtown referrals being authorized.

TRICARE Europe immediately notified TMA and the Services of the problems, and steps were taken to assure no claims were denied by the payer.

The system problems were rectified, and additional training provided to each MTF by Captain Ted Lemon, here at TRICARE Europe. With a great deal of extra work and devotion by MTF staffs, backlogs have been cleared and the system appears to be working properly.

Here at TRICARE Europe, we have been very vocal, along with your managed care representatives at ERM, USAF, and NAVEUR, to report lessons learned to TMA.

This is important because part two of EWRAS (the referral portion) will be fielded later this year, and it will involve providers and provider training. In addition, there are a number of other systems being unrolled that will impact MTF staffs directly this year.



Col James Rundell

TRICARE Europe Executive Director

TMA has been attentive to the lessons learned, and have made some changes that should benefit all of us as plans for the new IM/IT systems become clear. They have streamlined internal processes so that OCONUS is not left out of planning processes in the future for new systems. They have accelerated the development of OCONUS training packages for the new systems. They have invited overseas lead agents to join in on more of the planning and informational teleconferences.

The senior leadership at TMA have asked for regular briefings focused on preparations for overseas systems implementation preparedness. TMA representatives for key systems will come to Europe personally this Spring to assess unique overseas needs and educate all of us about impacts of the new systems.

While there will be a number of challenges with the new IM/IT systems, we believe that there is renewed attention to OCONUS requirements as they are implemented. Our commitment here at TRICARE Europe is to make sure information and training related to these new IM/IT systems is widely disseminated as soon as it is available, and to assist with coordinating training and system troubleshooting.

TADIVS Translates to Better Efficiency for TEO

Ray Holder

TRICARE Europe Systems Engineer

How do you translate 2500 pages of medical documents from 51 different treatment facilities each and every month? Simple—hire a translations contractor. But how do you track all those documents, making sure that the vendor translates them correctly, efficiently, and returns them to you on time, every time? For the TRICARE Europe Office (TEO), the answer was a new contract based on industry standards, and a new secure web-based quality assurance tool, the Translations Automated Data Input and Verification System, or TADIVS.

Brought online Jan. 1, TADIVS is the brainchild of Domenico Maddaloni, TEO Contracting Office Representative (COR) and MAJ Damon Baine, Division Chief, Support Services Division.

“Before [TADIVS], we had no visibility [of translation requests],” says Maddaloni. “I would get log sheets from 51 MTFs at various intervals, sometimes several months after occurrence, that I would have to compare with over 1000 entries on the vendor’s monthly invoice backup spreadsheet.” His office drafted a new translations contract, and included in it a new, fundamental role for the then soon-to-be-developed system.

Now, TADIVS serves as the central hub for the logging, reporting, and reconciliation of document translation requests (DTRs) with the vendor. Says Maddaloni, “We use TADIVS to perform quality assurance for the new contract.” He can generate historical activity reports and also monitor real-time the daily workload of requests from each MTF.

Several levels of users interact with the system to provide this level of oversight. When a document needs translation, an Approved Authorized Caller (AAC) at the MTF accesses TADIVS to enter the key information (number of pages to be translated, routine or urgent level of service, method of delivery, etc.) The system generates an official

DTR coversheet, which is then attached to the medical package and forwarded to the vendor for translation.

At this point, the AAC, the Quality Assurance Representative (QAR), who oversees the activity of a group of MTFs, and the COR can see in TADIVS that a translation request has been sent, and is currently pending. When the vendor returns the translated documents, the AAC again enters TADIVS and changes the DTR status to ‘Translated.’ This DTR check-out / check-in

process is what allows the government to measure performance; the contractor must return routine requests within 10 days, and urgent requests within 48 hours.

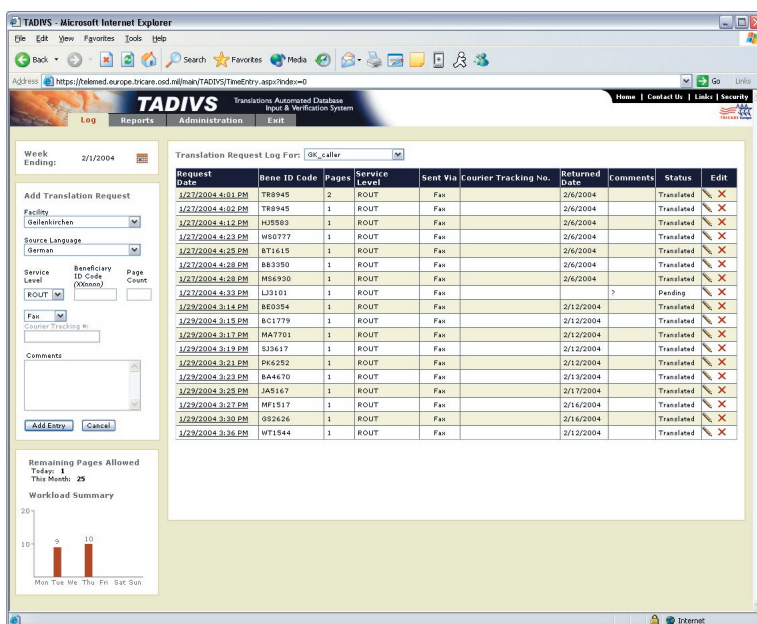
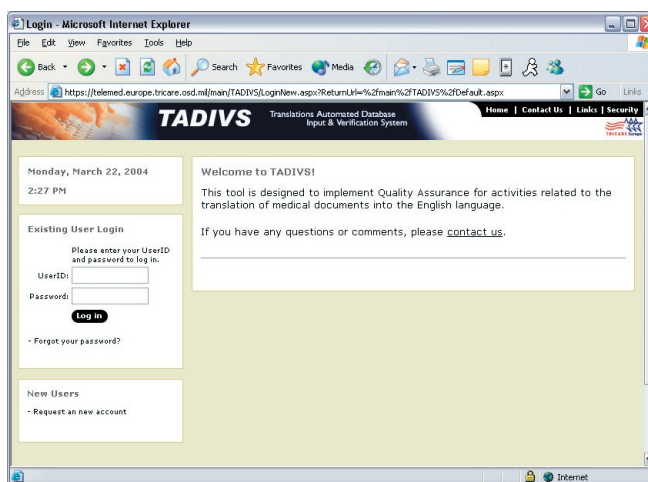
Translations contractor staff also has access to the reports to see how many document requests were submitted, when and by whom. In the case of an illegible or incomplete fax, the contractor contacts the QAR or caller to have the items retransmitted.

After three months of deployment, TADIVS has started successfully, and will continue to evolve. Last month saw the creation of an international 800 number for MTFs to use for faxing TADIVS translations requests, 0 800 4 TADIVS. Future features in development include a DTR search capability and a virtual “dashboard” to allow users

to review key statistics about their requests at a glance.

“TADIVS is working as we had envisioned and continues to be refined,” Baine said, “The beauty of the system is that it is flexible enough to be modified to accommodate appropriate changes required by the region.”

Will TADIVS make processing 30000 pages of translation requests every year a completely easy and painless process? Probably not. But if the first few months are an accurate indication, the combination of industry research and technology development has produced a solution that will give TRICARE Europe beneficiaries and staff better, more consistent, and more manageable document translation support than they have ever had before.



WIC Overseas Schedules New Openings

Lamont Olsen

WIC Overseas European Liaison

Additional WIC Overseas offices are scheduled to open on Sembach Air Base,

Germany on April 6 and in Garmisch, Germany on May 7. This will bring the current number of WIC Overseas sites in Europe to 43.

Our goal is to provide WIC

Overseas services as close as possible to locations where service members live.

Currently service members living in

Garmisch must travel to Stuttgart, a three-hour drive. Sembach participants must drive to Ramstein, a 45-minute drive. The additional sites will bring WIC services closer to families at these outlying sites.

The primary goal of WIC is to provide nutritional counseling to beneficiaries to ensure they have the knowledge and skills to provide healthy meals for their families long after they have graduated from the program. The program also provides pregnant and nursing mothers, infants and children with the nutrition they need to ensure children get a healthy start, improve mental ability, and reduce medical costs.

The WIC nutritionists have been

implementing nutritional cooking, breast-feeding, healthy snacks and other classes at many of the WIC Overseas sites. Since the first WIC Overseas Offices opened in Jan. 2000, more than 18,078 participants have received nutrition counseling and food vouchers each quarter.

Since 1972 it has been proven that "WIC Works" and now service members can also enjoy those same services overseas.

The WIC program has been an extremely popular program in Europe, receiving a near 100% satisfaction rating from participants.

For further information or for the nearest WIC Office, call 496-6328.



Medical Director's Corner



LTC George Patrin

TRICARE Europe Medical Director

We've been discussing key strategies for addressing health care resourcing concerns in Europe. Part and parcel to achieving our theater management strategy for healthcare improvement is to conduct host nation (HN) medical facility quality monitoring site visits (SV), as outlined in the "Policy for Monitoring the Quality of Host Nation Care Provided to TRICARE Europe Beneficiaries."

In this way we ensure that our beneficiaries in Europe enjoy the highest standards of quality care in local host nation facilities when we cannot provide it within the medical treatment facility (MTF).

The TRICARE Europe Office (TEO) is beginning site visits with local MTF commanders in Germany to the HN inpatient facilities with the largest number of admissions and dollars paid for claims. We have established a joint, multi-disciplinary

team concept, conducting visits with the local MTF commander staff.

The value added for the commander with this approach is fourfold: (1) Support readiness by ensuring high quality HN medical care; (2) Satisfy claims payment issues with the HN hospital and clinic directors with the 'billpayer' present; (3) Improve on preferred provider network (PPN) customer satisfaction by providing the opportunity for direct communication, thereby addressing the politics of buying health care in a foreign country, thanking them for their service to our beneficiaries; and lastly, (4) provide multi-disciplinary education and training for our MTF leadership and staff, relaying best practices and lessons learned on interacting with HN facilities in a user-friendly fashion as we monitor the way they provide care.

We do not want to be seen as intrusive, but rather respectful of the HN facility's efforts, knowing they are not exactly the same as the US medical system, especially in the cultural areas of patient privacy and service.

The ideal SV team is made up of the team leader, usually the MTF Commander, providing an administrative and clinical perspective; support staff, often an RN or clinic NCO; a managed care officer or claims adjuster; and the local MTF TRICARE liaison, who has the most personal contact with the PPN facilities personnel. Others to consider, depending on problem areas to be addressed, are regional specialty consultants.

The pre-visit plan includes a regimen of pulling appropriate data and setting a schedule that will allow the team to use the limited time in the HN facility wisely, addressing areas of excellence as well as areas for improvement.

The information gained by the SV team will ultimately assist all levels of command to assure that the quality of health care services at each facility meets our high standards, or decide to use another facility.

More on data collection and what it can tell us about the HN facility next time.

New Online Tool for Remote Site Points of Contact

MAJ Wayne White
Director, Remote Site Health Care

The TRICARE Remote Access Claims System (TRACS) is a new user-friendly, web-based tool that allows TRICARE Europe staff and Remote POCs to track claims payments and print membership cards for remote site beneficiaries.

TRACS gives remote site points of contact access to a standardized process to manage and track beneficiary claims submitted to Wisconsin Physician's Service (WPS). The program

allows the POC to enter basic beneficiary claims information and track the progress of the claim from two different viewpoints: chronologically and by "action taken."



The system also provides the TEO Remote Site Office a complete overview of all claims entered into TRACS for all TEO remote locations not using International SOS.

But that is just one of the capabilities of TRACS. Remote POCs

can also use this tool to create and print TRICARE Remote membership cards. Remote site beneficiaries use these cards as proof of coverage when visiting International SOS network providers.

TRICARE Europe can also use TRACS to determine the exact number of outstanding claims entered by remote site POCs; to identify the specific location or area of claims; to provide a 30, 60 or 90-day claim status report; and to list all beneficiaries that possess a TRICARE-SOS member card.

Get the Marketing Material You Need

Brenda Marshall
Public Affairs & Marketing Administrative Assistant

TRICARE marketing material is available either online for you to print, or for you to order print copies. Here are a few helpful tips for ordering TRICARE marketing items. We would like to ensure that your TSC displays and hands out the most recent TRICARE Europe literature as possible.

Most of our material is available for download via our website. To place orders for the products we print, as well as to view current marketing news, visit www.europe.tricare.osd.mil and select the "Public Affairs & Marketing" page. Please take a moment to check out our site and let us know if it is useful to you. Your valued feedback is our driving force when updating our material.

Download and Print

The following are the most important items produced by TRICARE Europe. These items are available for download and can be printed either by your TSC or your base printing office.

- **Fact Sheets:**
www.europe.tricare.osd.mil/main/PAO/factsheet.asp
- **Compass** (for internal audiences only):
www.europe.tricare.osd.mil/main/pao/compass.asp
- **Bulletin** (Beneficiary Newsletter):
www.europe.tricare.osd.mil/benefit/benenews/benenews.asp
- **News Releases/Advisories:**
www.europe.tricare.osd.mil/main/pao/news.asp
- **Other forms and downloads:**
www.europe.tricare.osd.mil/main/downloads/

Login and Password required

You will need a username and password in order to access some of the information on the TRICARE marketing page. Most importantly, you will need an account if you want to order TRICARE Europe Passports or self care books online. Our online marketing training takes approximately 15 minutes and can be done over the phone.

When to Order

Orders for both the *Take Care of Yourself/Take Care of Your Child* books and the TRICARE Europe *Passport* take place biannually in March and September. Once you place your order, it typically will take about 4-6 weeks to receive the products. You should base your order on how many people you enroll in a six-month period, and on how many of the products you already have in stock. Keep in mind that we are only funded to provide one each of the printed items per enrolled family.

Other Marketing Goodies

TMA's "SMART" site (www.tricare.osd.mil/smart/) offers a variety of brochures as well as the TRICARE handbook. These items take approximately 30 days to ship to overseas locations. You don't need a username and password to access this site. Marketing items such as, pens, folders, T-shirts, etc. must be funded by your MTF.

If you need anything, don't hesitate to call us at 496-6315 or send an e-mail teopao@europe.tricare.osd.mil.



Guide to 2004 Temporary Reserve & Guard Benefits — from page 1

Q: What happens to TAMP benefits on Jan. 1, 2005?



A: On Jan. 1, 2005, TRICARE eligibility under the transitional program for active and Reserve Component sponsors who separate from active duty and have fewer than six years of total active federal service and their family members returns to 60 days upon the sponsor's separation. TRICARE eligibility for active and Reserve Component sponsors who separate from active duty and have six years or more of total active federal service and their family members returns to 120 days upon separation of the sponsor.

Q: What about dental care under the TAMP provision?



A: Former active duty and Reserve Component members who are eligible for transitional benefits may receive dental care at military dental treatment facilities on a space-available basis only. Family members are not eligible for dental care at these facilities. Civilian dental care is not a covered benefit for sponsors or family members under the transitional program. Certain members of the Reserve Component and their family members may, however, receive dental care by enrolling in the TRICARE Dental Program (TDP).

Q: When will TRICARE Management Activity (TMA) implement the 30-day provision?



A: TMA will soon be able to implement the second temporary provision (703). This provision authorizes TRICARE medical and dental benefits for Reserve Component sponsors activated in support of a contingency operation for more than 30 days and for their family members. TRICARE eligibility under this provision begins the day the sponsor receives delayed effective date active duty orders or 90 days before the date the active duty period begins, whichever is later. The effective date for benefits under this program was Nov. 6, 2003.

However, until TRICARE is able to make payments for claims under this provision, Reserve Component sponsors and eligible family members who receive medical and dental care from Nov. 6, 2003, to the present, are encouraged to pay those bills and save their receipts. Beneficiaries may apply for TRICARE reimbursement once implementation begins and claims filing procedures are announced by TMA.



TRICARE Coverage for Members of the Ready Reserve and Their Families — Section 702



Expansion of Time Period Reservist is Considered to be on Active Duty for the Purpose of TRICARE Eligibility — Section 703



Reserve Member Eligibility for Transitional Assistance Medical Program (TAMP) — Section 704

Q: When will TMA implement the Ready Reserve provision?



A: TMA anticipates that this effort cannot be completed for several months. This provision is limited to Reserve Component sponsors who are either unemployed or employed but not eligible for employer-sponsored health coverage and their family members. This provision will pay for medical care only. Claims under this benefit are not eligible for payment retroactive to Nov. 6, 2003. This provision, when it is implemented, will require an enrollment application and payment of a premium. TRICARE is working now to develop this provision, which requires many contract and personnel system changes.



Q: When do these provisions end?



A: The authority for all three temporary provisions will expire on Dec. 31, 2004.



Q: Where can I get the latest updates?

A: Future updates on the three temporary programs for Reserve Component families will be posted to the TRICARE Web site at www.tricare.osd.mil and the Reserve Affairs Web site at www.defenselink.mil/ra/.

2004 Temporary Reserve Health Benefit Program: background

- The recently enacted Emergency Supplemental Appropriations Act and the National Defense Authorization Act for FY 2004 authorized temporary health care benefits and TRICARE eligibility for RC sponsors and family members.
- Several of the new benefits are effective Nov. 6, 2003 through Dec. 31, 2004, whereas others require implementing procedures and systems before they become available.
- The provisions of the 2004 Temporary Reserve Health Benefit Program enhance access to care for our RC service members and their families and ultimately, improve our readiness as a fighting force.

Girl scouts from Sembach Air Base, Germany recently spent over 25 hours decorating, cleaning, and painting the new Sembach WIC Overseas office, slated to open during the first week of April. The girls designed and painted the mural seen here. The new office will be open every Tuesday from 7:30 a.m. to 4:30 p.m. See page four for more about new WIC Overseas offices in Europe. From left to right, Rachel Reese, Claudia Trevino, Kayla Davis, & Sabrina Kriner.



Diane Reese

Use the Right Claim Form

Under the new TRICARE regional contracts that take effect this summer (scheduled for Aug. 1, 2004), the TRICARE Europe overseas claims processor (Wisconsin Physician's Service) will no longer be allowed to accept DD Form 2520 (the yellow claim form). Please let your overseas beneficiaries and your providers know that they must start using form DD Form 2642 immediately for claims filing. DD Form 2642 is now exclusively used for overseas claims filing. This form is also used for beneficiaries who received care in the U.S. and who were required to pay up-front. This form will ensure that the beneficiary is reimbursement properly. Use HFCA Form 1500 or UB-92 for TRICARE payment to providers for care rendered in the U.S. (for beneficiaries enrolled or residing in the U.S.). Claim forms may be downloaded at www.tricare.osd.mil/benefit/claimshome.asp.

TEO Now Approves Active Duty Family Member Hearing Aid Requests

TRICARE Europe now approves all hearing aid requests for active duty family members under the Program for Persons with Disabilities (PFPWD). Contact Muriel Metcalf, TRICARE Europe Nurse Case Manager, for more information at DSN 496-6336 or email her muriel.metcalf@europe.tricare.osd.mil.

May TRICARE Europe Council

The next TRICARE Europe Council (TEC) meeting is scheduled for May 25-26, 2004 in Prague, Czech Republic. Travel days are May 24 and 27. The keynote speaker for the event will be RADM Richard Mayo, Deputy Director and Program Executive Officer of TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs), Washington, D.C.



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